

Division of MH/DD/SAS Benefit Package

Services and Procedure Codes

Recommendations

Basic Benefit services will be limited. Enhanced Benefit must be included in person-centered plan authorized by LME. For an individual receiving Enhanced Benefit plus Basic Benefit services, all services must be included in person-centered plan authorized by LME.

Current Services	IPRS Code	DMH/DD/SAS State Funded Services			Medicaid Services	Disposition
		Basic Benefit	MH/SA Enhanced Benefit	DD Benefit	Medical Necessity Required	
CPT Code Services						
Medication Administration	90782	X	X		X	
Clinical Evaluation/Intake	90801					Incorporated into Diagnostic Assessment
Interactive Evaluation	90802	X	X		X	
Individual Therapy (20-30 min.)	90804	X			X	
Individual Therapy (20-30 min.)--MD	90805	X			X	
Individual Therapy (45-50 min.)	90806	X			X	
Individual Therapy (45-50 min.)--MD	90807	X			X	
Individual Therapy (75+ min.)	90808	X			X	
Individual Therapy (75+ min.)--MD	90809	X			X	
Interactive Therapy (30 min.)	90810	X			X	
Interactive Therapy (30 min.)--MD	90811	X			X	
Interactive Therapy (50 min.)	90812	X			X	
Interactive Therapy (50 min.)--MD	90813	X			X	
Interactive Therapy (80 min.)	90814	X			X	
Interactive Therapy (80 min.)--MD	90815	X			X	
Individual Therapy (30 min.)	90816	X			X	
Individual Therapy (30 min.)--MD	90817	X			X	
Individual Therapy (50 min.)	90818	X			X	
Individual Therapy (50 min.)--MD	90819	X			X	

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Individual Therapy (80 min.)	90821	X			X	
Individual Therapy (80 min.)--MD	90822	X			X	
Interactive Therapy (30 min.)	90823	X			X	
Interactive Therapy (30 min.)--MD	90824	X			X	
Interactive Therapy (50 min.)	90826	X			X	
Interactive Therapy (50 min.)--MD	90827	X			X	
Interactive Therapy (80 min.)	90828	X			X	
Interactive Therapy (80 min.)--MD	90829	X			X	
Family Therapy without patient	90846	X			X	
Family Therapy with patient	90847	X			X	
Group Therapy (Multiple Family Group)	90849	X			X	
Group Therapy (non-multiple family group)	90853	X			X	
Medication Check-Individual	90862	X			X	
Speech Evaluation	92506			* X	X	* Specialty services can be utilized with the goal of either: a) restoring/improving functioning (rehabilitation) or b) maintaining capacity of functioning (habilitation).
Speech Therapy	92507			* X	X	
Speech Therapy Group	92508			* X	X	
Psychological Testing	96100		X	* X	X	
Aphasia Assessment	96105			* X	X	
Developmental Testing (Limited)	96110			* X	X	
Developmental Testing (Extended)	96111			* X	X	
Neurobehavioral Exam	96115		X	* X	X	
Neuropsychological testing battery	96117		X	* X	X	

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Physical Therapy Evaluation	97001			* X	X	
Physical Therapy Re-Evaluation	97002			* X	X	
Occupational Therapy Evaluation	97003			* X	X	
Occupational Therapy Re-Evaluation	97004			* X	X	
Physical Therapy each 15 min.	97110			* X	X	
Physical Therapy (Neuromuscular re-education) each 15 min.	97112			* X	X	See (*) Above
Aquatic Therapy	97113			* X	X	See (*) Above
Gait Training each 15 min.	97116			* X	X	See (*) Above
PT and OT Therapy	97530			* X	X	See (*) Above
Evaluation and Management-Problem Focused-New Patient	99201	X	X		X	
Evaluation and Management-Expanded-New Patient	99202	X	X		X	
Evaluation and Management-Detailed-New Patient	99203	X	X		X	
Evaluation and Management-Moderate-New Patient	99204	X	X		X	
Evaluation and Management-High-New Patient	99205	X	X		X	
Evaluation and Management-Problem Focused-Established Patient	99211	X	X		X	
Evaluation and Management-Expanded-Established Patient	99212	X	X		X	
Evaluation and Management-	99213	X	X		X	

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Detailed-Established Patient						
Evaluation and Management-Moderate-Established Patient	99214	X	X		X	
Evaluation and Management-High-Established Patient	99215	X	X		X	
H Code Outpatient Services						
Alcohol and/or Drug Group Counseling	H0005	X				
Behavioral Health Counseling	H0004	X				
Behavioral Health Counseling-Family Therapy with Client	H0004HR	X				
Behavioral Health Counseling-Family Therapy without Client)	H0004HS	X				
Behavioral Health Counseling-Group Therapy	H0004HQ	X				
Service Definitions- No Revisions						
Facility Based Crisis Program	YP485	X	X	X	X	
Opioid Treatment	H0020		X		X	Medicaid-Methadone Administration Only
Outpatient. Tx – Individual	Y2305					To be billed through the appropriate CPT or H Codes
Outpatient. Tx – Group	Y2306					To be billed through the appropriate CPT or H Codes
Personal Care	YM050			X		

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Service Definitions-Under Study						
ADVP	YP620			X		Under study
Community Rehab. Service	YP650		X			Under study
Developmental Day	YP610			X		Under Study
Guardianship	YM686		X	X		Under study
Independent Living	YM700		X	X		Under study
Partial Hospitalization-Adult	H0035HB		X			Under study
Residential Treatment- Level II Family Type	S5145		X		X	Under study
Program Type	H2020		X		X	Under Study
Residential Treatment- Level III, 4 beds or less & 5 beds or more	H0019		X		X	Under study
Residential Treatment- Level IV, 4 beds or less & 5 beds or more	H0019		X		X	Under study
Room and Board - Level II (Age 5 or less), (Age 6-12) or (Age 13+)	YA234 YA235 YA236		X			Under study
Room and Board - Level III (1-4 Beds) & (5+ Beds)	YA232 YA233		X			Under study
Room and Board - Level IV (1-4 Beds) & (5+Beds)	YA237 YA238		X			Under study
Specialized Summer Program (WM)	YA370		X			Under study
Therapeutic Leave-Residential Level II: Therapeutic Foster Care Program Type	YA254 YA255		X			Under study

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Therapeutic Leave - Residential Level III (1-4 Beds) & (5+ Beds)	YA256 YA257		X			Under study
Therapeutic Leave - Residential Level IV (1-4 Beds) & (5+ Beds)	YA258 YA259		X			Under study
Therapeutic Leave Room and Board - Level II (Age 5 or less), (Age 6-12) & (Age 13+)	YA265 YA266 YA267		X			Under study
Therapeutic Leave Room and Board - Level III (1-4 Beds) & (5+ Beds)	YA263 YA264		X			Under study
Therapeutic Leave Room and Board - Level IV (1-4 Beds) & (5+ Beds)	YA268 YA269		X			Under study
Wilderness Camp	YA241		X			Under study
Service Definitions- Under Revision						
Assertive Outreach	YP230		X			Under revision
Behavioral Health Prev Ed Service	H0025	X	X			Under revision
Day Treatment-Child	H2012HA		X			Under revision
Drop In Center: Attend Cover	YP690 YP692		X			Under revision
Financial Support Services	YM600		X	X		Under revision
Individual Supports	YM716		X	X		Under revision
Long Term Vocational Support	YM645		X	X		Under revision
Psychosocial Rehabilitation Services	H2017		X		X	Under revision

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		Basic Benefit	MH/SA Enhanced Benefit	DD Benefit	Medical Necessity Required	
Service Definitions- New or Modified						
Assertive Community Treatment Team	H0040		X		X	
Community Support: Adult	H0036		X		X	
Community Support: Child	H0036		X		X	
Community Support Team	H0036-		X		X	
Developmental Therapy Service	TBD			X	X	
Diagnostic Assessment	T1023	X	X		X	
Inpatient Hospital--SA Treatment	YP820	X	X		X	
Inpatient Psychiatric Hospital	YP820	X	X		X	
Intensive In-Home Services	H2022		X		X	
Mobile Crisis Management	H2011	X	X		X	
Multisystemic Therapy	H2033		X		X	
Psychiatric Residential Treatment Facility	YA230		X		X	
SA Comprehensive Outpatient Treatment Program	H2035		X		X	
SA Halfway House	H2034		X			
SA Intensive Outpatient Program	H0015		X		X	
SA Medically Monitored Community Residential Tx	TBD		X		X	
SA Non-Medical Community Residential Treatment	TBD		X		X	
Ambulatory Detoxification	H0014	X	X		X	
Social Setting Detoxification	YP790	X	X			
Non-Hospital Medical Detoxification	H0010	X	X		X	

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Medically Superv. or ADATC DETOX	DRG	X	X		X	
Targeted Case Management	T1017			X	X	
Waiver: Home and Community Supports	TBD				X- Waiver only	
Waiver: Residential Supports	TBD				X- Waiver only	
Service Definitions- To Be Eliminated						
Alcohol and/or Drug Assessment	H0001					Incorporated into Diagnostic Assessment
Alcohol and/or Drug Screening	H0002					LME Function
Case Consultation	H0002					LME Function
Case Support	YP215					Incorporated into Community Supports
CBS - Professional ECI - Individual	H0036HI		CDSA	CDSA	X	Children's Developmental Service Agencies
CBS - Professional ECI - Group	H0036TL		CDSA	CDSA	X	Children's Developmental Service Agencies
CBS - Professional - Individual	H0036					Incorporated into Community Support
CBS - Professional - Group	H0036HQ					Incorporated into Community Support
CBS - Paraprofessional - Individual	H0036HM					Incorporated into Community Support
CBS - Paraprofessional - Group	H0036UI					Incorporated into Community Support
Day Treatment-Adult	H2012HB					SA Comp. Outpatient Treatment for SA Community Support: Adult for MH or SA
CE&PP – Cons Ed Prim Prev	YP110					LME function
Day Activity	YP660					Community Support
Day Supports	YM580					Personal Care, Developmental Therapy, Individual Supports, Financial Supports
Mandated Tx Team	YP340					PCP Process
Mental Health Assessment	H0031					Incorporated into Diagnostic Assessment

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Partial Hospitalization-Child	H0035HA					Community Support, Intensive In-Homes Services, MST
Personal Asst – Individual	YP020					Personal Care, Developmental Therapy
Residential Supports	YM850					Personal Care, Developmental Therapy, Individual Supports, Financial Supports
Social Inclusion	YM570					Developmental Therapy
Therapeutic Intervention/Crisis Prev. -Individual -Group	YM450 YM451					Targeted Case Management, Developmental Therapy
Travel-Professional	YP498					Incorporated into rate
Travel-Para-Professional	YP499					Incorporated into rate
Current CAP-MR/DD Waiver Definitions						
Waiver: Adult Day Health	S5102				X- Waiver only	
Waiver: Personal Care	S5125				X- Waiver only	
Waiver: Respite – Institutional	H0045				X- Waiver only	
Waiver: Respite – Community Based	S5150				X- Waiver only	
Waiver: Respite – Facility Based (24 hour awake staff)	S5150				X- Waiver only	
Waiver: Developmental Day	T2027				X- Waiver only	
Waiver: In-Home Aide – Level 1	S5120				X- Waiver only	

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Waiver: Environmental Access Training	S5165				X- Waiver only	
Waiver: Supported Employment – I	T1999				X- Waiver only	
Waiver: Supported Employment – G	H2025				X- Waiver only	
Waiver: Crisis Stabilization	H2025HQ				X- Waiver only	
Waiver: PERS	S5161				X- Waiver only	
Waiver: Aug Comm Device – Purchase	T2028				X- Waiver only	
Waiver: Aug Com Device – Repairs Service	V5336				X- Waiver only	
Waiver: Family Training	S5110				X- Waiver only	
Waiver: Vehicle Adaptations	T2039				X- Waiver only	
Waiver: Respite Care – Nursing Bed	T1005TD T1005TE				X- Waiver only	
Waiver: Supported Living – 1	H2016				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports
Waiver: Supported Living 2	T2014				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports
Waiver: Supported Living 3	T2020				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports
Waiver: Supported Living 4	H2016HI				X- Waiver only	To be replaced with Home and Community Supports or Residential Supports

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Waiver: Case Management	T2022				X- Waiver only	
Waiver: Interpreter Services	T1013				X- Waiver only	
Waiver: Therapeutic Case Consultation	T2025				X- Waiver only	
Waiver: Transportation	T2001				X- Waiver only	
Waiver: Day Habilitation Periodic Group (over 2 clients)	T2021HQ				X- Waiver only	To be replaced with Home and Community Supports
Waiver: Day Hab Per. G (2 clients)	T2021HQ				X- Waiver only	To be replaced with Home and Community Supports
Waiver: Day Hab – Individual	T2021				X- Waiver only	To be replaced with Home and Community Supports
Waiver: Supported Living Per. Group	H2015HQ				X- Waiver only	To be replaced with Home and Community Supports-Periodic- group
Waiver: Respite Group (2-3 clients)	S5150HQ				X- Waiver only	
Waiver Supported Living Per. - Ind	H2015				X- Waiver only	To be replaced with Home and Community Supports-Periodic- Individual